

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025611
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1703

FILED JUN 20 1962

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside of State, give State and City or Town)
ST. LOUISLength of stay in 1b
WKS.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
ST. LOUIS COUNTY HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

ST LOUIS

c. CITY OR TOWN

WALLSTON, ST. LOUIS CO

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

6343 WAGNER

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

John

Stalling

4. DATE OF DEATH

Month

6

Day

4

Year

1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-5-1874

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

WARREN, ARK.

11. BIRTHPLACE (City and State or country)

USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

(UNKNOWN) STALLING

13b. MOTHER'S MAIDEN NAME

LAURA STRICKLAND

14. NAME OF HUSBAND OR WIFE

MARTHA STALLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

30 ROSA McGRATH 14759 SHAWMUT PL.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Bronchiectasis

DUE TO (c)

Obstructive emphysema

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-8-62 to 6-4-62 and last saw her/him alive on 6-4-62

Death occurred at 11:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

[Signature]

22b. ADDRESS

601 So. Brentwood Blvd.

22c. DATE SIGNED

6/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

6-8-62

23c. NAME OF CEMETERY OR CREMATORY

WASHINGTON PARK

23d. LOCATION (City, town, or county)

ST LOUIS COUNTY

23e. STATE

MO.

24. FUNERAL DIRECTOR

[Signature]

ADDRESS

[Signature]

25. DATE RECD. BY LOCAL REG.

6-7-62

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BX AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. C. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.